



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WOMENS HOSPITAL, THE (DEACONESS)

City of Hospital: Newburgh

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Christina Cady

Email Address: christina.cady@deaconess.com

Medicare Provider Number: 15-0149

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$90922999
Outpatient Patient Service Revenue	\$113277539
Total Gross Patient Service Revenue	\$204200538

2. Deductions From Revenue

Contractual Allowance	\$90839961
Other Deductions	\$1455911
Total Deductions	\$92295872

3. Total Operating Revenue

Net Patient Service Revenue	\$111904666
Other Operating Revenue	\$1402512
Total Operating Revenue	\$113307178

4. Operating Expenses

Salaries and Wages	\$42800359	Employee Benefits	\$9682334
Depreciation and Amortization	\$3010829	Interest Expense	\$459060
Bad Debt	\$2996142	Other Expenses	\$39546959
Total Operating Expenses	\$98495683		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14811495	Total Assets	\$29977678
Net Non-operating Gains over Loss	\$80382	Total Liabilities	\$29977678

Total Net Gains	\$14891877
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$16341570	\$11683073	\$4658497
Medicaid	\$50330981	\$31860089	\$18470892
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$137527987	\$47296799	\$90231188
Total	\$204200538	\$90839961	\$113360577

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$3,443,379		
Subtotal	\$3443379	\$0	\$3443379
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$3443379	\$0	\$3443379

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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